

**Medical Eligibility and Informed Consent Form**

Roche Cares is a Patient Support Program (PSP), aimed at supporting patients throughout their disease journey by enabling them access to their prescribed treatment. If eligible, Roche Cares PSP may provide patients with financial support, as well as medication adherence support by following up on any arising logistical access hurdles. Roche Cares PSP is sponsored by Roche Lebanon S.A.R.L. and independently managed by a delegated third party, IQVIA Lebanon S.A.R.L.

**Patient Section**

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**I, the Patient, hereby, acknowledge by signing this form that:**

- I understand that my personal health information will be collected, used, stored, and processed by IQVIA to:
  - Support me during my treatment journey;
  - Support my application and qualification for the program;
  - Optimize and personalize the service provided to me and to benefit from all program’s offerings.
- My personal data will be treated by IQVIA with utmost respect and confidentiality;
- I am confident that I will provide complete, true, and accurate information to the best of my knowledge; I am aware that I may be excluded from the program if any of the information provided is found untrue or incorrect;
- I allow IQVIA to report any adverse event or product quality complaint that may be identified during our interactions to Roche Lebanon S.A.R.L., and also agree that Roche Lebanon S.A.R.L., will then process the adverse event according to their internal procedures (these parties may be located in a country other than mine);
- I have the right to access, amend, correct, delete or suppress my personal information and/or personal health information by contacting IQVIA on +961 81022556 or sending an email to rochecareslebanon@iqvia.com. The time to determine whether my request will be satisfied or not cannot exceed 16 (sixteen) working days from the date of receiving the request. During this term, IQVIA shall notify me about the possibility of satisfying or refusing my request. If approved, my request shall be satisfied within 30 (thirty) calendar days from the date of receiving the request;
- IQVIA may supply the data only in aggregated and anonymized form to Roche Lebanon S.A.R.L. for the purpose of reporting or evaluation;
- I should complete all the required documents in order to benefit from Roche Cares PSP and I agree to abide by program process flow;
- I understand that this consent does not guarantee that I am eligible for the program and my participation is voluntary, and by signing this form I will be subject to eligibility assessment for Roche Cares PSP;
- I am aware that I may withdraw my enrollment at any time, however my data will still be retained for compliance with legal or regulatory obligations, public health reasons, or to protect and exercise the relevant legal rights;
- Roche Lebanon S.A.R.L. and/ or IQVIA may, without liability and at its sole discretion, decide to stop my participation in the program or terminate the program at any time and I will be notified accordingly.

**By signing this Informed Consent Form, I hereby acknowledge that I have read and understood the above mentioned Terms and Conditions and Privacy Statement and agree to register in the program. I hereby acknowledge that if I do not agree with the Terms and Conditions and the Privacy Statement, that I am not eligible to participate in the program.**

Patient Full Name	Phone Number	Signature and Date
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Caregiver Full Name and Signature (as applicable)	Phone Number	Signature and Date
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**Physician Section**

Treatment/Test supported by Roche Cares PSP	Patient's Reimbursement Body	Financial/Logistical Services
<input type="checkbox"/> Perjeta®	NSSF <i>In-hospital</i>	<b>Co-payment Support (5%)</b>
<input type="checkbox"/> Kadcyła®	NSSF <i>In-hospital</i>	<b>Co-payment Support (5%)</b>
<input type="checkbox"/> Gazyva®	NSSF <i>In-hospital</i>	<b>Co-payment Support (5%)</b>
<input type="checkbox"/> Alecensa®	NSSF <i>Retail Pharmacy</i>	<b>Co-payment Support (5%) &amp; Payment Facilitation Support</b>
<input type="checkbox"/> FoundationOne®CDx <input type="checkbox"/> FoundationOne®Heme <input type="checkbox"/> FoundationOne® LiquidCDx	<b>Any Reimbursement Body</b>	<b>Logistical Support</b>

**By signing this Medical Eligibility and Informed Consent Form, I hereby acknowledge that I have explained Roche Cares PSP and the Medical Eligibility and Informed Consent Form, to the patient named above. In addition, I am authorized by the patient to release the above information for the purpose of seeking assistance in Roche Cares PSP.**

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*Physician's Full Name and Date*

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*Physician's Signature and Stamp*

Kindly submit this form via Email: [rochecareslebanon@iqvia.com](mailto:rochecareslebanon@iqvia.com) or call: **+961 81 022556**.

In case of any adverse event occurring with any Roche product, please report to the Roche Local Safety Line at +961 76 700 322, or forward details to: [beirut.safety\\_reporting.bs1@roche.com](mailto:beirut.safety_reporting.bs1@roche.com)

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Beirut, Lebanon

Roche Lebanon SARL is currently operating from a remote address  
(Omnipharma Bldg. B, 7<sup>th</sup> Floor, 28 Badaro St., P.O. Box 11-7956, Beirut, Lebanon)

